

**AMENDMENT TRANSMITTAL LETTER**Docket No.
D0188.70162US01Application No.
10/014991-Conf. #4207Filing Date
December 11, 2001Examiner
G. JacksonArt Unit
3731

Applicant(s): Gregory E. Sancioff et al.

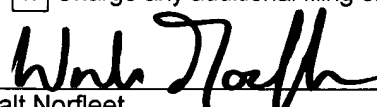
Invention: MEDICAL SUTURE INSTRUMENT AND METHOD OF USE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	54	- 51 =	3	x 50.00	150.00
Independent Claims	17	- 17 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					150.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 150.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 23/2825
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Walt Norfleet
Attorney Reg. No.: 52,078

Dated: September 26, 2005

WOLF, GREENFIELD & SACKS, P.C.
Federal Reserve Plaza
600 Atlantic Avenue
Boston, Massachusetts 02210-2206
(617) 646-8222

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/26/05

Signature:  (Rita A. LeBlanc)



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BOX AF

*Reply under 37 CFR 1.116
Expedited Procedure
Technology Center 3700*
DOCKET NO.: D0188.70162US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sancoff et al.
Serial No.: 10/014,991
Confirmation No.: 4207
Filed: December 11, 2001
For: MEDICAL SUTURE INSTRUMENT AND METHOD OF
USE

Examiner: Gary Jackson
Art Unit: 3731

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to **MAIL STOP AF**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 28 day of September, 2005.


Signature

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Final Office Action mailed June 27, 2005, please amend the above-identified application as follows:

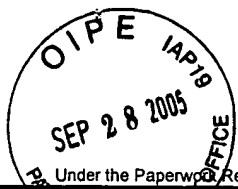
Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this amendment.

Remarks begin on page 11 of this amendment.

09/28/2005 YPOLITE1 00000043 10014991

01 FC:1202

150.00 OP



AF *mm*

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/014991-Conf. #4207
		Filing Date	December 11, 2001
		First Named Inventor	Gregory E. Sancioff
		Examiner Name	G. Jackson
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3731	
TOTAL AMOUNT OF PAYMENT	(\$) 150.00	Attorney Docket No.	D0188.70162US01

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 54 - 51 = **Extra Claims** 3 x **Fee (\$)** 50.00 = **Fee Paid (\$)** 150.00

Multiple Dependent Claims

Indep. Claims 17 - 17 = **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = **Extra Sheets** / 50 **Number of each additional 50 or fraction thereof** (round up to a whole number) x **Fee (\$)** = **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature	<i>Walt Norfleet</i>	Registration No. (Attorney/Agent)	52,078
Name (Print/Type)	Walt Norfleet	Telephone	(617) 646-8205
		Date	September 26, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/26/05 Signature: *Rita A. LeBlanc* (Rita A. LeBlanc)